

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

A98000002285

1. Name of Limited Partnership
STAR-GLO ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT #
A98000002285

Mailing Address C/O ROSEN DEVELOPMENT GROUP, INC. 550 MAMARONECK AVENUE HARRISON NY 10528	Principal Office Address C/O ROSEN DEVELOPMENT GROUP, INC. 550 MAMARONECK AVENUE HARRISON NY 10528	3. Date Formed or Registered 10/02/1998	5a. Capital Contributions as Shown on record \$0.00
2. Mailing Address 2250 AVENIDA DEL VERA Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 0.00
City & State N. FT. MYERS FL Zip 33917	City & State Country	4. State or Country of Formation FL	6. FEI Number 58-2428256
	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT C/O STUMP, STOREY & CALLAHAN, P.A. 37 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City
	100002870941-7 -05/11/98-01040-003 ****641.25 FL ****641.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) STAR-GLO REALTY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 550 MAMARONECK AVENUE	11b. City, State & Zip Code HARRISON NY 10528	11c. Registration/ Document Number P98000085038
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

4/28/98

Daytime Telephone Number
(941) 731-4523